

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



July 10, 1991

ALL-COUNTY INFORMATION NOTICE NO. I-57-91

TO: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY GAIN COORDINATORS

SUBJECT: JOBS SAMPLE BASED REPORTING

The purpose of this All-County Information Notice (ACIN) is to provide Counties with a copy of the official Federal Job Opportunities and Basic Skills Training (JOBS) sample based reporting form and instructions (see enclosed FSA-108 Attachment III).

We have been advised by the Department of Health and Human Services (DHHS) through the enclosed Action Transmittal, JOBS FSA-AT-91-6 (Attachment I), that FSA-108 information is going to be required for all JOBS participants selected from a State's sample universe. According to DHHS, the required FSA-108 information must be available by October 1, 1991.

Please note that the Action Transmittal referenced above (JOBS FSA-AT-91-6) contained language describing sampling methodology which has been amended by DHHS as follows (Attachment II): "The sample of JOBS participants is drawn from a population of individuals scheduled to participate in a component, actively engaged in assessment or employability planning in the month, or who had a job entry in the sample month or the month previous to the sample month."

It is imperative that the State and Counties have the ability to provide required FSA-108 data to DHHS by the required deadline specified in JOBS FSA-AT-91-6.

We appreciate all your efforts and we trust that you will be able to help us meet this required Federal reporting deadline.

Please note that in addition to sample based reporting, the existing semi-annual GAIN survey will continue until we receive notification from DHHS that the data is no longer required. If you have any questions concerning this ACIN, please contact Dennis Winscott of the Statistical Services Bureau at (916) 445-1926 or ATSS (916) 485-1926.



DENNIS J. BOYLE
Deputy Director

Enclosures

cc: CWDA

Job Opportunities and Basic Skills Training (JOBS) Program Action Transmittal

U.S. Department of
Health and Human Services
Family Support Administration

Washington, D.C. 20447

Transmittal No. JOBS-FSA-AT-91-6

Date March 28, 1991

JOBS PARTICIPANT DATA COLLECTION

TO: STATE IV-A AGENCIES ADMINISTERING OR SUPERVISING A JOB OPPORTUNITIES AND BASIC SKILLS TRAINING (JOBS) PROGRAM APPROVED UNDER TITLE IV-F OF THE SOCIAL SECURITY ACT AND OTHER INTERESTED PARTIES

SUBJECT: JOBS Program Participant Data Collection Form FSA108, approved by the Office of Management and Budget (Control No. 0970-0112).

REFERENCES: Family support Act of 1988, Public Law 100-485, title II, Section 203(b) and title VI, Section 606. 45 CFR 250.78, 250.80 through 250.82.

PURPOSE: TO PROVIDE UNIFORM REPORTING PROCEDURES FOR SAMPLE JOBS PARTICIPANT DATA COLLECTION.

BACKGROUND: Pursuant to section 203(b) and section 606 of the Family Support Act and 45 CFR 250.80 through 250.82, the JOBS PARTICIPANT DATA COLLECTION Form FSA-108 provides the standardized format for State IV-A agencies to submit electronically to FSA a monthly sample of unaggregated JOBS participant case record data. Form FSA-108 supersedes Form FSA-104 Part I and Part II for JOBS participants only, effective October 1, 1991.

INSTRUCTIONS: The attached instructions and definitions for Form FSA-108 specify the required case record data and procedural definitions approved by OMB. Pursuant to 45 CFR 250.78 and 250.80, States must establish the capacity to report routinely the data elements in the required format, Form FSA-108. This capacity involves determination of JOBS case record sample size and use of electronic media for data transmission.

- a) ~~Sampling Methodology: 45 CFR 250.78 requires data to be drawn from the population of monthly JOBS participants verified by the State as satisfactorily participating in the sample month, defined as the regular calendar month for Form FSA-108 purposes. The required sample size for each State to meet mandated precision and confidence levels, cited at 45 CFR 250.80, will be disseminated in a separate FSA Action Transmittal.~~

These sampling requirements have been superseded by the attached DHHS correspondence dated 5-2-91 (See Attachment II)

- b) Transmission of Data: In accordance with 45 CFR 250.80, the monthly sample of JOBS cases record data must be transmitted electronically in the approved format, Form FSA-108, on an on-going basis to the FSA computer center. A description of electronic media options (tape to tape, PC to mainframe, mainframe to mainframe), and guidance for selecting the appropriate media option depending on the State's systems capabilities and JOBS caseload size will be provided in a separate FSA Action Transmittal.

SUPERSEDED
MATERIAL:

Form FSA-108 supersedes Form FSA-104 Part I and Part II for JOBS Participants only. However, collection of the following information not contained on Form FSA-108 should continue. Separate FSA transmittals will be provided with instructions for reporting.

- a) Part I Expenditure Data By Component Activity, total IV-F expenditures, including administrative costs, for the JOBS program as a whole and for each program component.
- b) Part II Child Care Data, for families not participating in the JOBS program but receiving child care assistance.
- c) Part II Never--Married Minor Parent Data, for States which elected this option.

EFFECTIVE
DATE:

October 1, 1991. Reports are due within 45 days after the end of each sample month. The first report is due December 15, 1991 and every month thereafter.

INQUIRIES: FSA Regional Administrators

(Original signed by)

Jason Turner
Director
Office of Family Assistance

ATTACHMENT: Form FSA-108 Instructions and Definitions

DATE: May 2, 1991

TO: Acting Regional Administrators for Children
and Families

FROM: Gary Ashcraft
Director, Division of Program Evaluation, OFA

SUBJECT: Clarification of Instructions - JOBS-FSA-AT-91-6
Form FSA-108)

The JOBS-FSA-AT-91-6 provided uniform reporting instructions for sample based JOBS participant data collection. The transmittal instructions for determination of JOBS case sample methodology is clarified below. These clarifications will soon be issued in a (sic) ACF Action Transmittal, but should be used by Regional Office staff as guidance to answer State questions and provide assistance. Please share this information with the States.

CLARIFICATION OF JOBS-FSA-AT-91-6 INSTRUCTIONS

The sampling methodology instructions contained in section a, on page 1, for determining the population in which a sample of JOBS participants should be selected is replaced as follows.

INSTRUCTIONS: Pursuant to 45 CFR 250.80, States must establish the capacity to report routinely the data elements in the required format, Form FSA-108. This capacity involves the determination of JOBS case record sample size and use of electronic media for data transmission.

- a) Sampling Methodology: 45 CFR 250.80 requires data for the Form FSA-108 to be submitted for a sample of JOBS' participants. The sample of JOBS participants is drawn from the population of individuals scheduled to participate in a component, actively engaged in assessment or employability planning in the month, or who had a job entry in the sample month or the month previous to the sample month. The required sample size for each State to meet mandated precision and confidence levels, cited at 45 CFR 250.80, will be disseminated in a separate FSA Action Transmittal.

NOTE: The prior instruction had incorrectly limited the sample to the population of monthly JOBS participants verified by the State as satisfactorily participating in the sample month.

JOB OPPORTUNITIES AND BASIC SKILLS TRAINING (JOBS) PROGRAM

JOBS PARTICIPANT DATA COLLECTION
(FSA Form 108)

Instructions & Definitions

Department of Health and Human Services
Family Support Administration
Office of Family Assistance
March 27, 1991

FSA Form 108 (R910327vmh108)
OMB No. 0970-0112:Expires 01/31/93

JOBS PROGRAM

PARTICIPANT DATA COLLECTION FORM

Data for the JOBS sample based reporting system must be submitted electronically to support uniformity of terms and standardize reporting formats (in accordance with 45 CFR part 250.82)

I. JOBS PARTICIPANT DATA

(1) Sample Date (month) (year) / /	(2) JOBS Participant Identifier (5-13) / / / / / / / / / / / / /	(3) Date of Birth (month) (year) / /	(4) Sex (18) /	(5) Race (19) /	(6) Formal Education Level (a) Initial (b) Follow-up (20-21) (22-23) / / / / / / / /	(7) Literacy Assessment (a) Initial (b) Follow-up (24-25) (26-27) / / / / / / / /
JOBS PROGRAM Status	(8) Date of Entry into JOBS (month) (day) (year) (28-33) / / / / / /	(9) Target Group (34) /	(10) Program Status (35) /	(11) Satisfactory Participation (36) /	(12) Supportive Services Amount (37-40) / / / /	
(13a-g) Assignment	(a) Component / Job Entry (41-42) / /	(b) Hourly Wage Rate (43-46) / / / /	(c) Occupation (47-48) / /	(d) Scheduled Hours (49-50) / /	(e) Beginning Date (month) (date) (year) (51-56) / / / / / /	(f) Ending Date (month) (day) (year) (57-62) / / / / / /
1)	/ / / / / /	/ / / / / /	/ / / / / /	/ / / / / /	/ / / / / /	/ / / / / /
2)	/ / / / / /	/ / / / / /	/ / / / / /	/ / / / / /	/ / / / / /	/ / / / / /
3)	/ / / / / /	/ / / / / /	/ / / / / /	/ / / / / /	/ / / / / /	/ / / / / /

II. AFDC FAMILY (FILING UNIT) DATA

(14) IPS Code (a) State (b) County (110-111) (112-114) / / / / / /	(15) Case Status (115) / /	(16) Most Recent Opening (month) (year) (116-119) / / / /	(17) Receipt of Child Support (120) / /	(18) Earned Income (121) / /	(19a) Other Adults in AFDC Unit (122) / /	(19b) Other Adults Participating in JOBS (123) / /	(19c) JOBS Identifier Number (Second Parent or Other Adult Participant) (124-132) / / / / / / / / / /
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III. DEPENDENT CHILDREN & CHILD CARE ASSISTANCE DATA

(20) Number of Dependent Children in AFDC Family (Filing Unit) / / /	(22) Number of Dependent Children Receiving Child Care / / /
(22) Dependent Children's Dates of Birth (month) (year)	(23a-c) Primary Child Care Assistance (23d-f) Secondary
(a) Type	(b) Source
(1) Youngest Dependent Child. (135-138) / / / /	(c) (IV-A) Payment Amount (141-144) / / / /
(2) Second Dependent Child. (151-154) / / / /	(d) Type (145) / /
(3) Third Dependent Child. (167-170) / / / /	(e) Source (161) / /
(4) Fourth Dependent Child. (183-186) / / / /	(f) IV-A Payment Amount (163-166) / / / /
(24) Duration of IV-A Funded Child Care Assistance (a) Began (month) (day) (year) (187) (188) (189-192) / / / / / /	(b) Stopped/Ended (month) (day) (year) (193) (194) (195-198) / / / / / /
(c) Resumed (month) (day) (year) (199-204) / / / / / /	(d) Resumed (month) (day) (year) (205-210) / / / / / /

JOBS PARTICIPANT DATA COLLECTION
(FSA Form 108)

Public reporting burden for this collection of information is estimated to average 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate and any other aspect of this collection of information including suggestions for reducing this burden, to DHHS/FSA/OFA, Washington, D.C. 20447, and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

Instructions & Definitions

By law, JOBS is an equal opportunity program. Information about sex, race, or other characteristic of the participant is required for purposes of statistical analysis and program administration. Case file information contained in JOBS automated systems or transmitted electronically for the JOBS Program Case Sample Report does not meet the definition of a "System of Records" and accordingly is not subject to the guidelines of the Privacy Act.

GENERAL INFORMATION AND FORMAT GUIDELINES: The following guidelines provide definitions and instructions for coding and reporting JOBS program participant information. The data collection form is divided into three (3) sections requesting information about the sampled JOBS participant. The three sections are (I) JOBS Participant Data, (II) AFDC Family (Filing Unit) Data, and (III) Dependent Children & Child Care Assistance Data. These guidelines are provided to standardize the collection of data about sampled JOBS participants and their families and to support uniformity in reporting this data. Use the following formats for consistency in coding dates and financial information. *NOTE: The information requested on Form 108 (JOBS Participant Data Collection) is for the sample month except where indicated otherwise.*

- **Rounding Amounts:** Any dollar amount \$.50 or more should be rounded up to the next dollar and any amount \$.49 or less should be rounded down to the next dollar. *Example: for \$ 350.50 code 0351; for \$350.49 code 0350 (except Hourly Wage code the exact amount, see item 13b).*
- **Leading Zeroes:** When an amount or identification number is less than the spaces provided, enter the amount or number from the right-hand side and fill in the remaining spaces to the left with zeroes. *Example: for \$ 350.50 code 0351.*
- **Dates:** When coding a calendar date (four or six digit space allocation), enter the two digit codes to specify each period, i.e., month = mm; day = dd; year = yy. In some instances, only the month and year are requested. *Example: for October 21, 1989, code 102189 or 1089.*

JOBS PARTICIPANT DATA COLLECTION (FSA Form 108)
Instructions & Definitions

SECTION I. PARTICIPANT DATA: The following group of elements (items 1-13) refer to the individual JOBS participant selected in the sample.

- 1) **SAMPLE DATE:** Enter the four digit code (in the format: mmyy) that identifies the month and year for which the sample was drawn.
- 2) **JOBS PARTICIPANT IDENTIFIER:** Enter the unique identifying number or code (up to nine digits) assigned by the State to each JOBS participant. If the number is less than nine digits, use leading zeros. *Example:* for 19056, code 000019056. **NOTE:** The JOBS identifier should be similar to the AFDC case identifier, but must differ from the Social Security Number (SSN). The State must maintain a link in its files between the JOBS identifier, the AFDC case identifier and the SSN.
- 3) **DATE OF BIRTH:** Enter the four digit code (in the format: mmyy) for the month and year of birth of the sampled JOBS participant.
- 4) **SEX (Gender):** Enter the one digit code for the sex of the sampled JOBS participant.
 - 1 -- Male
 - 2 -- Female
- 5) **RACE (Ethnicity):** Enter the one digit code for the race of the participant.
 - 1 -- White, not of Hispanic origin
 - 2 -- Black, not of Hispanic origin
 - 3 -- Hispanic
 - 4 -- Asian or Pacific Islander (Oriental)
 - 5 -- American Indian or Alaska Native
 - 6 -- Other
- 6a-b) **FORMAL EDUCATION LEVEL:** Enter the two digit code which represents the highest grade level achieved by the participant from attendance at: (i) an elementary or secondary school as defined under State law; or (ii) an institution of higher education or post-secondary vocational, occupational, trade, or technical school operating legally within a State. *Example:* If the participant completed the 4th grade, enter 04, or the 12th grade enter 12, etc. **NOTE:** Attainment of General Education Development diploma (GED) should be coded 13.
 - (a) **Initial** information provided at the onset of the JOBS program regarding the highest grade (formal education) achieved by the participant.
 - (b) **Follow-up** evaluation at any time during or at the completion of a component or activity to determine any changes in grade level.

Codes: 00 -- No formal schooling/no follow-up evaluation

01-12 -- Grade level completed in primary/secondary school.

13 -- Completed GED

14 -- Post-secondary vocational/skills training

15 -- One year of college completed

16 -- Two years of college completed

17 -- Three years of college completed

18 -- College graduate

19 -- Postgraduate

7a-b) LITERACY ASSESSMENT: Enter the two digit code which best describes the reading grade level at which the participant is functioning (as determined by an English language reading test). *NOTE: If the State does not elect to determine a literacy level, enter the code 00, not applicable.*

(a) Initial assessment of the participant's functional (reading) grade level at the onset of the JOBS program.

(b) Follow-up assessment to measure any changes since entry into JOBS program.

Codes: 00 -- No assessment made

01-12 -- Equivalent functional grade level

8) DATE OF ENTRY INTO JOBS: Enter the six digit code (in the format: mmddyy) for the date on which the individual began (i) job search as an applicant or (ii) assessment as an applicant or recipient.

9) TARGET GROUP: Enter the one digit code identifying the target group of which the individual was a member, if any, at the time of entry into JOBS. If the participant could belong in more than one target group, use the code which comes first in the following list of coding options.

Codes: 1 -- Is not a target group member

2 -- Is a member of a family in which the youngest child is within 2 years of being ineligible for AFDC because of age

3 -- Is a custodial parent under the age of 24 who has not completed a high school education and, at the time of application for AFDC, is not enrolled in high school (or a high school equivalency course of instruction)

4 -- Is a custodial parent under the age of 24 who has had little or no work experience in the preceding year

5 -- Is an applicant or recipient who has received AFDC for any 36 of the preceding 60 months

6 -- Belongs to an alternative group as described in the approved State JOBS plan

- 10) JOBS PROGRAM STATUS: Enter the one digit code which indicates the reason the individual is participating in JOBS. Choose the first code which applies.

Codes: 1 -- Exempt (not required to participate in JOBS) but volunteered to participate

2 -- Required to participate because the custodial parent is under age 20 and has not completed high school or the equivalent

3 -- Required to participate because the State elected to require participation of the second parent in a UP case who would otherwise be exempt while personally caring for a child under the age of three

4 -- Required to participate because the State elected to require individuals with children less than age 3 to participate (*NOTE: Participants under age 20 who have not completed high school should be Coded 2.*)

5 -- Mandatory participant who volunteered for JOBS prior to receipt of notification requiring participation

6 -- Required to participate and no special circumstances apply; i.e., the individual is a mandatory participant who did not volunteer

- 11) SATISFACTORY PARTICIPATION: Enter the one digit code which indicates whether the participant attended at least 75% of the hours scheduled for all component activities in the sample month.

Codes 1 -- Satisfactory (attended at least 75% of the scheduled hours)

2 -- Unsatisfactory (attended less than 75% of the scheduled hours)

- 12) AMOUNT OF SUPPORTIVE SERVICES: Enter the dollar amount (*rounded to the nearest dollar and, if necessary, using leading zeros*) expended for actual supportive services other than child care and administrative expenditures for the sample month. Include any expenditures paid under 45 CFR part 255 with IV-F funds, including one-time, work-related expenses. If a lump sum payment is involved covering more than one month, pro-rate by dividing the total amount by the number of months and record the amount applicable to the sample month. If a cost table is used, enter the average cost per participant for supportive services and submit the cost table as part of the hard copy documentation for this information collection. Code "0000" if there were no supportive services paid for the sample month. *NOTE: Include only program costs. Administrative costs must be included on the financial management expenditure form.*

- 13a-g) ASSIGNMENT STATUS: The following information details each component/job entry to which the participant was assigned during the sample month, to include: scheduled hours, beginning and ending dates, occupation, wages, and IV-F expenditures for each JOBS program component/job entry. In the case of job entries, see instructions under 13a regarding how job entries occurring in other than the sample month should be included or excluded from this report. The beginning date (item 13e) may be prior to the sample month if it refers to a component in which participation is continuing from a previous month. Enter the information for up to three (3) separate JOBS components and employment activities which the participant attended during the sample month.

- 13a) Component or Job Entry: Enter the two digit code which designates where the participant was placed or assigned during the sample month. First, list all job/employment information. Second, list component service/activity data by the greatest number of scheduled participation hours. Third, *enter the component code only once* if the participant is engaged in more than one activity in the same component and *enter the total hours of scheduled attendance (under item 13d) for all activities within the same component*

Codes: 01 -- Job Entry: The participant is (i) assigned to a JOBS component or activity (or received job development and placement services) during the month of the job entry or in the preceding calendar month; or (ii) in continuous employment during the sample month (and remains in employment through the sample month) from a job entry in the month immediately preceding the sample month

02 -- High school GED (General Educational Development diploma program), Adult Basic Education, or ESL (English as a Second Language) program. Participation is not to be counted for periods between school years (i.e., summer breaks) except for high school students who were enrolled and in attendance during the last semester of the school year and are expected to return to high school for the next school year

03 -- Post-secondary education as assigned under JOBS and not self-initiated

04 -- Self-initiated education in an institution of higher education. (An institution of higher education is defined in section 481(a) of the Higher Education Act of 1965, as amended)

05 -- Self-initiated vocational or technical training

06 -- Job skills training

07 -- Job readiness activities

08 -- Receiving job development and/or job placement services

09 -- Assessment and employability planning

10 -- Group or individual job search

11 -- On-the-job training (OJT)

12 -- Work supplementation

13 -- Community work experience (CWEP)

14 -- Other activity as contained in approved State JOBS plan (including other work experience)

- 13b) Hourly Wages: If for the sample month there is a JOBS-related job entry, continued employment (as defined in the instructions for 13a), or paid participation in on-the-job training, etc., enter the four digit code (in the format: \$\$ and using leading zeros if necessary) for the hourly wages earned by the participant as a result of JOBS employment. *Example: \$7.58 should be coded 0758*. If no income was earned through JOBS activity or a job entry for the sample month, code "0000".

- 13c) Occupation Code: If there is a JOBS-related job entry or continued employment (as defined in the instructions for 13a) for the sample month or paid participation in on-the-job training, etc., enter the two digit code for the occupation based on the attached two-digit occupational groups from the summary listings of the U. S. Department of Labor Dictionary of Occupational Codes.
- 13d) Scheduled Hours: Enter the two digit code for the number of hours scheduled (e.g., 09, 40) per week for each applicable component activity or job entry. NOTE: Enter 00 if item 13a is coded 08.
- 13e) Beginning Date: Enter the six digit code for each applicable component activity or job entry (using the format: mmddyy) for the beginning date (i.e., first day of scheduled attendance) of each component activity or job entry. This may be a date prior to the sample month.
- 13f) Ending Date: Enter the six digit code for the ending date (i.e., final day of scheduled attendance) of each applicable component activity or job entry if it ended in the sample month (using the format: mmddyy). If the component activity or job has not ended in the sample month, leave blank.
- 13g) Completion Status: If a JOBS component or activity ended during the sample month (item 13f), enter the one digit code indicating the reason for the completion or termination of the activity.

Codes 1 -- Completed training or educational activity as defined by the facility providing the service, i.e., passed examinations, earned a certificate, demonstrated adequate proficiency in area of study or training, earned ESL or GED certification, received union card, met licensing requirements, etc. NOTE: Any training and education related activities including self-initiated activities which affect the participant's vocational technical or general qualifications (such as English speaking or writing proficiency or mathematical skills), provide degree equivalency or skills certification, or have enabled the participant to acquire a professional or trade license or permit.

2 -- Assigned to another JOBS component or achieved job entry. Example: The participant completed a given component (as listed under 13a) and is undertaking a new component in the JOBS program. NOTE: Participation in JOBS activities includes job readiness activity, counseling, job search, job development or job placement, on the job training, entry into CWEP, work supplementation, regular employment/job entry, etc.

3 -- Lost child care

4 -- Lost means of transportation

5 -- Incomplete activity because of own illness, physical incapacity, or injury

6 -- Did not complete activity because of substance abuse or dependence

7 -- Did not complete activity because of illness of dependent child or other dependent person requiring the participant's care

8 -- Moved to another State or within the same State to a geographic area not covered by JOBS

- 9 -- Ended activity for reasons other than those above or dropped out of activity without explanation

SECTION II. AFDC FAMILY (FILING UNIT) DATA: The following group of elements (items 14 - 19) refer to information about the AFDC family (filing unit) of which the sampled JOBS participant is a member. Information regarding other adults in the family unit is also included.

14a-b) FEDERAL INFORMATION PROCESSING STANDARDS (FIPS) CODE: Enter the FIPS Code geographic identifier issued by the National Bureau of Standards to designate where the participant is receiving AFDC:

(a) State code two digits, and

(b) County code three digits.

15) AFDC CASE STATUS: Enter the one digit code which designates the sampled JOBS participant's AFDC family status.

Codes 1 -- AFDC applicant

2 -- Receiving AFDC-Basic

3 -- Receiving AFDC-UP

4 -- Eligible for AFDC-UP but no payment being made. (To be coded in cases where the family would be eligible for AFDC-UP except that, in those States electing the option of time-limited AFDC-UP, the time period during which AFDC benefits are payable has expired. Such individuals remain eligible for JOBS services.)

5 -- No longer receiving AFDC as a result of increased hours of, or increased income from, employment or the loss of income disregards due to the time limitations. (This category is for individuals in a JOBS work program, such as on-the-job training (OJT) or job entry, where the earned income is sufficient to close the AFDC case.)

16) DATE OF MOST RECENT AFDC OPENING: Enter the four digit code (in the format: mmyy) for the payment month for which the first money payment was made under the most recent AFDC case opening. Payment lapses of one payment month (or less) must be ignored. For AFDC applicants with a previous history of AFDC, code date of most recent closing. Enter "0000" for AFDC applicants with no previous history of AFDC receipt.

17) RECEIPT OF CHILD SUPPORT: Enter the one digit code to indicate whether or not the AFDC filing unit received child support for the sample month.

Codes 1 -- Yes

2 -- No

18) EARNED INCOME: If child care is provided (item 21 does not equal 0), enter the one digit code which indicates if gross earned income was reported by the AFDC filing unit for the sample month. Leave blank if no child care was provided. *NOTE: Do not include any earnings resulting from JOBS-related employment, on-the-job training, etc.*

Codes 1 -- Yes

2 -- No

19a-c) OTHER ADULT MEMBERS IN THE AFDC FAMILY (FILING UNIT): The following information is about the other adults in the sampled participant's AFDC family (filing unit). "Adult" means an individual other than a dependent child (unless such dependent child is the custodial parent of another dependent child) who is included in the filing unit.

19a) Other Adults in AFDC Unit: Enter the number of adults (other than the sampled participant) in the same AFDC family (filing unit) as the sampled JOBS participant. *NOTE: If there are no other adults, enter 0 and go to Section III.*

19b) Other Adults Participating in JOBS: Enter the number of other adults in the sampled participant's filing unit who are participating in the JOBS program. *NOTE: If there are no other adults participating in the JOBS Program, enter 0 and go to Section III.*

19c) JOBS Identifier Number (Second Parent or Other Adult Participant): Enter the JOBS identifier number for only one other adult in the family (filing unit) who is participating in the JOBS program (item 19b). *NOTE: If item 15, AFDC Case Status, equals 3 or 4, code the second parent; if not, code another adult participant in the family unit.*

SECTION III DEPENDENT CHILDREN & CHILD CARE ASSISTANCE DATA: Child care is available to dependent children who are under age 13; or physically or mentally incapable of caring for themselves; or under court supervision (and children receiving SSI benefits or foster care under Title IV-E), to the extent that such care is necessary to permit an AFDC eligible family member to participate in the JOBS program. This group of elements (items 20- 24) refer to the dependent children in the AFDC family (filing unit), specifies the children's dates of birth and identifies which children are receiving (paid/unpaid) child care.

20) NUMBER OF DEPENDENT CHILDREN IN AFDC FAMILY (FILING UNIT): Enter the number of dependent children in the family unit. (If the number is 9 or greater, enter 9.)

21) NUMBER OF DEPENDENT CHILDREN RECEIVING CHILD CARE: Enter the number of dependent children that are receiving child care. (If the number is 9 or greater, enter 9.)

22) DEPENDENT CHILDREN'S DATES OF BIRTH: Enter the four digit date of birth for up to four (4) dependent children. Record the information for the youngest child in the unit first, then list up to three additional children in the following order: (i) those who are receiving child care paid (in full or in part) by IV-A, (ii) those who are receiving child care at no cost to IV-A, and (iii) those who are not receiving child care.

23a-f) CHILD CARE ASSISTANCE (Primary: 23a-c/Secondary: 23d-f) Child care is provided to families receiving or applying for AFDC to allow participation in the JOBS program. Record child care assistance information for the sample month for each child listed under item 22. Enter the child care with the greatest number of hours under *Primary (items 23a-c)* and the next highest number of child care hours under *Secondary (items 23d-f)* *NOTE: While payment for child care provided by parents, legal guardians, or members of the assistance unit is not permitted, such care should be coded under this item.*

23a/d) Type of Child Care: Enter the primary and the secondary one digit code for each child receiving child care listed under item 22. The following codes specify who cared for the child and where such care took place during the sample month.

- Codes: 1-- Center care (including commercial, church, school, employer or JOBS site)
- 2 -- Group family day care provided by relative (*paid or unpaid*) in the relative's own home
- 3 -- Group family day care provided by non-relative in non-relative's own home
- 4 -- Family day care provided by relative (*paid or unpaid*) in the relative's own home
- 5 -- Family day care provided by non-relative in the non-relative's own home
- 6 -- In-home care provided by relative (*paid or unpaid, including parents, legal guardians, or members of the assistance unit*) in the child's own home
- 7 -- In-home care provided by non-relative in the child's own home
- 8 -- Unknown

23b/e) Source of Child Care Funding: Enter the one digit code identifying the Primary and Secondary IV-A or other agency (funding resource) which provided the child care specified in item 23a/d for each child receiving child care listed under item 22.

Child Care Cost to IV-A

- Codes 1 -- Child care funded by IV-A payments other than earned income disregard, including IV-A paid relative care.
- 2 -- Child care funded through the IV-A earned income disregard

Care at No Cost to IV-A

- Codes: 3 -- Child care by a relative
- 4 -- Child care through an employer
- 5 -- Head Start
- 6 -- Chapter I of the Education Consolidation and Improvement Act of 1981, State, and/or local public and/or private education agencies at no cost to IV-A Example: *special programs, preschool, kindergarten, etc.*
- 7 -- Child care through Social Services Block Grant (Title XX)

8 -- Child care through other sources (Federal, State, local or private sources)

9 -- Unknown

23c/f) Amount Or IV-A Child Care Payment: Enter the total dollar amount (round to the nearest dollar and use leading zeros as necessary) paid under IV-A during the sample month for each type of child care. Include the amount of the AFDC child care disregard. If no IV-A funds were expended for child care assistance, enter "0000".

24a-b) DURATION OF IV-A-FUNDED CHILD CARE ASSISTANCE: This item applies to any and all children in the filing unit who are receiving IV-A funded child care -- not only those children listed under item 22.

- (a) Began Child Care : Enter the six digit code (in the format: mmddyy) for the date (after the family entered the JOBS program) on which any IV-A paid child care assistance began for any child in the AFDC filing unit (i.e., began for the first child who received any IV-A paid child care, including the IV-A earned income disregard). The beginning date may be prior to the sample month. If not applicable, enter "000000".
- (b) Stopped or Ended Child Care : Enter the six digit code (in the format: mmddyy) for the date on which all IV-A paid child care assistance stopped or ended for all children in the AFDC filing unit (i.e., the last day of care for the last child receiving IV-A paid child care, including the IV-A earned income disregard). If any IV-A paid care was continuing up to and through the sample month, enter "000000".
- (c) Resumed Child Care: Enter the six digit code in the format: mmddyy) for the date on which child care resumed to indicate that child care was stopped or ended during the month.